

| FCC Form 481 - Carrier Annual Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|--|
| <010> | Study Area Code | 145115 |
| <015> | Study Area Name | TELEPHONE OPERATION COMPANY OF VERMONT LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Barbara Galardo |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 2075354126 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | bgalardofairpoint.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | 54.313 Completion Required | 54.422 Completion Required |
|--|--|-------------------------------------|-------------------------------------|
| (check box when complete) | | | |
| <100> | Service Quality Improvement Reporting | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> | Outage Reporting (voice) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> | [REDACTED] <- check box if no outages to report | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300> | Unfulfilled Service Requests (voice) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> | Detail on Attempts (voice) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [REDACTED] (attach descriptive document) | | | |
| <320> | Unfulfilled Service Requests (broadband) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> | Detail on Attempts (broadband) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [REDACTED] (attach descriptive document) | | | |
| <400> | Number of Complaints per 1,000 customers (voice) | | |
| <410> | Fixed | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> | Mobile | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> | Number of Complaints per 1,000 customers (broadband) | | |
| <440> | Fixed | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> | Mobile | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> | 145115VR510.pdf | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [REDACTED] (attach descriptive document) | | | |
| <600> | Functionality in Emergency Situations | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> | 145115VR610.pdf | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [REDACTED] (attach descriptive document) | | | |
| <700> | Company Price Offerings (voice) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> | Company Price Offerings (broadband) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> | Operating Companies and Affiliates | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> | Tribal Land Offerings (Y/N)? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> | Voice Services Rate Comparability | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> | 1010 Voice Service Rate Comparability.pdf | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [REDACTED] (attach descriptive document) | | | |
| <1100> | Terrestrial Backhaul (Y/N)? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| [REDACTED] (if not, check to indicate certification) | | | |
| <1110> | Terms and Condition for Lifeline Customers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|--|-------------------------------------|-------------------------------------|
| <2000> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|--|-------------------------------------|-------------------------------------|
| <3000> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| | |
|---|--|
| (100) Service Quality Improvement Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|--|--|
| <010> Study Area Code | 145115 |
| <015> Study Area Name | TELEPHONE OPERATION COMPANY OF VERMONT LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2973354124 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bgalardo@tatepointe.com |

| | |
|--|---|
| <110> Has your company received its ETC certification from the FCC? | (yes/no) <input type="radio"/> <input checked="" type="radio"/> |
| <111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes/no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

112 Service Quality Improvement Reporting.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets**
- <114> Report how much universal service (USF) support was received**
- <115> How (USF) was used to improve service quality**
- <116> How (USF) was used to improve service coverage**
- <117> How (USF) was used to improve service capacity**
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.**

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|---|--|
| <010> Study Area Code | 145115 |
| <015> Study Area Name | VERAPPO'S OPERATION COMPANY OF VERMONT LLC |
| <020> Program Year | 2015 |
| <050> Contact Name - Person USAC should contact regarding this data | Barbara Galarzo |
| <055> Contact Telephone Number - Number of person identified in data line <050> | 207356126 ext. |
| <059> Contact Email Address - Email Address of person identified in data line <050> | bgalarzo@fairpoint.com |

Page 3

(800) Operating Companies FCC Form 481
Data Collection Form OMB Control No. 3060-0985/OMB Control No. 3060-0919
July 2013

| | | |
|-------|---|--|
| <010> | Study Area Code | 145325 |
| <015> | Study Area Name | TELEPHONE OPERATING COMPANY OF VERMONT INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Barbara Galsdorf |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2073541326 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bgalsdorf@fairpoint.com |
| <810> | Reporting Carrier | Telephone Operating Co of Vermont |
| <811> | Holding Company | Fairpoint Communications Inc. |
| <812> | Operating Company | Telephone Operating Co of Vermont |

| Affiliates | SAC | Doing Business As Company or Brand Designation |
|------------------------------|-----|--|
| -- See attached worksheet -- | | |

| | |
|--|---|
| (900) Tribal Lands Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|---|

| | |
|---|--|
| <010> Study Area Code | 145115 |
| <015> Study Area Name | TELEPHONE COOPERATION COMPANY OF VERMONT LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2033554126 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| |
|----------------------------|
| Select (Yes, No, NA) |
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|--|--|
| (1100) No Terrestrial Backhaul Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | |
|---|--|
| <010> Study Area Code | 145115 |
| <015> Study Area Name | TELEPHONE OPERATION COMPANY OF VERMONT LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Barbara Galardi |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2035314126 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bgalardi@fairpoint.com |

Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

| | |
|---|---|
| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No.: 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|---|

| | |
|---|--|
| <010> Study Area Code | 145115 |
| <015> Study Area Name | TELEPHONE OPERATION COMPANY OF VERMONT LLC |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Richard Galarza |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2013354124 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | rgalarza@fairpoint.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.turftta.net/fairpoint/tier.asp?id=144

*Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

| | | |
|--|--|--|
| (1000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|--|

| | |
|---|---|
| <010> Study Area Code | 34313 |
| <015> Study Area Name | TELEPHONE OPERATING COMPANY OF VERMONT, LLC |
| <020> Program Year | 2013 |
| <030> Contact Name - Person USAC should contact regarding this data | Barbara GALEGG |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2079354126 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bgalegg@tcovtel.net |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(1)-(4), (e) the information reported on this form and in the documents attached below is accurate.

| | | |
|---|---|--------------------------|
| Incremental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)) | <input type="checkbox"/> |
| <2011> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | <input type="checkbox"/> |
| Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(e)) | | |
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |
| Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) | | |
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
| Connect America Phase II Reporting (47 CFR § 54.313(e)) | | |
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |
| <2021> | Interim Progress Community Anchor Institutions | |

Name of Attached Document Using Required Information

| | | |
|--|--|---|
| (3000) Rate Of Return Carrier Additional Documentation Data Collection Form | | FCC Form 481 OMB Control No. 3060-0635/USPS Control No. 3060-0819 July 2011 |
|--|--|---|

| | |
|---|---|
| (410) Study Area Code | 115115 |
| (415) Study Area Name | TELEPHONE OPERATING COMPANY OF VIRGINIA, INC. |
| (420) Program Year | 2019 |
| (430) Contact Name - Person ORCA should contact regarding this data | RAJESH D. SINGH |
| (435) Contact Telephone Number - Number of person identified in data file (430) | 2025354128-422 |
| (435) Contact E-mail Address - E-mail Address of person identified in data file (430) | rajesh.d.singh@vtrco.net |

PLEASE PRINT OR TYPE CLEARLY AND LEGIBLY. Do not write on this form. Do not attach documents to this form. Do not staple, clip, or otherwise mark this form. Do not use correction fluid or white-out. Do not use a pen or pencil to write on this form. Do not use a ballpoint pen to write on this form. Do not use a marker to write on this form. Do not use a highlighter to write on this form. Do not use a correction fluid or white-out. Do not use a pen or pencil to write on this form. Do not use a ballpoint pen to write on this form. Do not use a marker to write on this form. Do not use a highlighter to write on this form.

CHECK the boxes below to state compliance on its five year service quality plan (pursuant to 47 CFR § 54.310) and, for priority holders, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.315(f)(2). Further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Program Report on 5 Year Plan
Attachment Certification (47 CFR § 54.310(f)(1))

Name of Attached Document Listing Required Information

(3015) Please check this box to confirm that the attached document(s), on line 3012, contains the required information pursuant to § 54.315(f)(1)(i). The center shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

(3020) Community Anchor Institutions (47 CFR § 54.315(f)(1)(i))

(3025) In your company's Financially Held RUS Carrier (47 CFR § 54.315(f)(2))

(3030) If yes, does your company file the RUS annual report?

(Yes/No) ☒ Yes ☐ No

Please check these boxes to confirm that the attached document(s), on line 3012, contains the required information pursuant to § 54.315(f)(2) compliance requires:

(3035) Electronic copy of the annual RUS report (Operating Report for Telecommunications Borrowers)

(3040) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(3045) If the response is yes on line 3035, attach your company's RUS annual report and all required documentation

(3050) If the response is no on line 3035, is your company audited?

(Yes/No) ☐ Yes ☒ No

If the response is yes on line 3050, please check the boxes below to confirm your submission, on line 3050 pursuant to § 54.315(f)(2), contains:

(3055) Either a copy of the audited financial statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3060) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3070) Management letter issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3050, please check the boxes below to confirm your submission, on line 3050 pursuant to § 54.315(f)(2), contains:

(3075) Copy of the financial statement which has been subject to review by an independent certified public accountant or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3080) Underlying information subjected to a review by an independent certified public accountant

(3085) Underlying information subjected to an officer certification

(3090) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(3095) Attach the worksheet listing required information

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|--|
| <010> Study Area Code | 145115 |
| <015> Study Area Name | TELEPHONE OPERATION COMPANY OF VERMONT LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Barbara Galardo |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2075354126 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bgalardo@fairpoint.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | TELEPHONE OPERATION COMPANY OF VERMONT LLC |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date 06/25/2014 |
| Printed name of Authorized Officer: | Michael Skrivan |
| Title or position of Authorized Officer: | VP Regulatory |
| Telephone number of Authorized Officer: | 2075354100 ext. |
| Study Area Code of Reporting Carrier: | 145115 Filing Due Date for this form: 07/01/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

FCC Form 481

Line 100- Service Quality Improvement Reporting
{47 CFR 54.313(a)(1)}

In the FCC's Public Notice DA 14-951, released May 1, 2014, the FCC waived the requirement for price cap ETCs to file a five-year plan.¹

¹ The Public Notice stated, in relevant part:

We now grant a waiver of this requirement for price cap ETCs for an additional year. Because the Bureau just finalized the Connect America Cost Model, and price cap carriers have not yet had the opportunity to make a state-level commitment for Connect America Phase II, we find that it is not in the public interest to require price cap ETCs to file new five-year plans in 2014 for the same reason as last year: they do not yet know which areas they will be serving in the future.

Telephone Operating Co. of Vermont
145115
Line 310

For the period January 1, 2013 through December 31, 2013, Telephone Operating Company of Vermont, LLC (SAC #145115) had 

Unfulfilled Requests Broadband
Pursuant to 47 C.F.R. 54.313 (a)(3)
Data Collection Form 481 Line 330

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| <u>City/Town</u> | <u>Request Date</u> | <u>Business/ Consumer</u> | <u>Reason Request Unfulfilled</u> |
|---|---------------------|---------------------------|-----------------------------------|
|  | | | |

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| <u>City/Town</u> | <u>Request Date</u> | <u>Business/ Consumer</u> | <u>Reason Request Unfulfilled</u> |
|---|---------------------|---------------------------|-----------------------------------|
|  | | | |


| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| <u>Request</u> | <u>Request Date</u> | <u>Business/ Consumer</u> | <u>Reason Request Unfulfilled</u> |
|---|---------------------|---------------------------|-----------------------------------|
|  | | | |

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| City/Town | Request Date | Business/ Consumer | Reason Request Unfulfilled |
|------------|--------------|--------------------|----------------------------|
| [REDACTED] | | | |

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| <u>City/Town</u> | <u>Request Date</u> | <u>Business/ Consumer</u> | <u>Reason Request Unfulfilled</u> |
|---|---------------------|---------------------------|-----------------------------------|
|  | | | |

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| Request Date | Business / Consumer | Reason Request Unfulfilled |
|--------------|---------------------|----------------------------|
| [REDACTED] | | |

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| <u>City/Town</u> | <u>Request Date</u> | <u>Business/ Consumer</u> | <u>Reason Request Unfulfilled</u> |
|------------------|---------------------|---------------------------|-----------------------------------|
| [REDACTED] | | | |

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| City/Town | Request Date | Business/ Consumer | Reason Request Unfulfilled |
|------------|--------------|--------------------|----------------------------|
| [REDACTED] | | | |

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

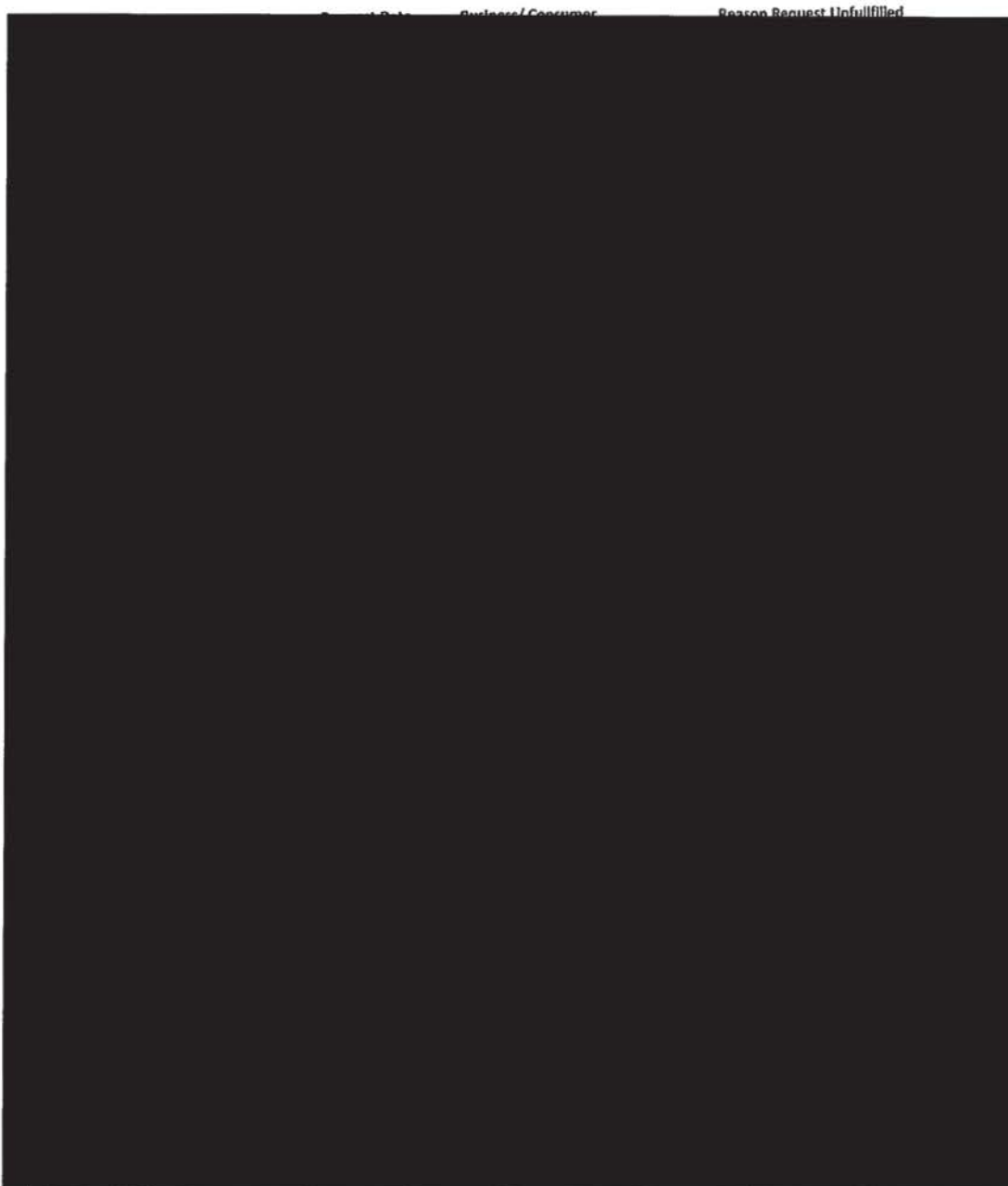
| Request Date | Business/ Consumer | Reason Request Unfulfilled |
|--------------|--------------------|----------------------------|
|--------------|--------------------|----------------------------|



| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| Request Date | Business/Consumer | Reason Request Unfulfilled |
|--------------|-------------------|----------------------------|
| [REDACTED] | | |

| | |
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| Study Area Code | 145115 |
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| Contact Email Address | bgalardo@fairpoint.com |



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| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| Request Date | Business/ Consumer | Reason Request Unfulfilled |
|--------------|--------------------|----------------------------|
| [REDACTED] | | |

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| Request Date | Business/ Consumer | Reason Request Unfulfilled |
|--------------|--------------------|----------------------------|
| [REDACTED] | | |

| | |
|--------------------------|--|
| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@fairpoint.com |

| <u>City/Town</u> | <u>Request Date</u> | <u>Business/ Consumer</u> | <u>Reason Request Unfulfilled</u> |
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| Study Area Code | 145115 |
| Study Area Name | Telephone Operating Company of Vermont |
| Program Year | 2013 |
| Contact Name | Barbara Galardo |
| Contact Telephone Number | 207-535-4126 |
| Contact Email Address | bgalardo@falrpoint.com |

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| [REDACTED] | | |

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